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Bib Data Sheet

SERIAL NUMBER 09/832,729	FILING OR 371(c) DATE 04/09/2001 RULE	CLASS 604	GROUP ART UNIT 3763	ATTORNEY DOCKET NO. P9520
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**** CONTINUING DATA *******

This application is a CIP of 09/063,338 04/20/1998 PAT 6,444,228 *
 which is a CIP of 08/640,278 04/30/1996 ABN
 (*)Data provided by applicant is not consistent with PTO records.

**** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

** 06/07/2001

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY CO	SHEETS DRAWING 39	TOTAL CLAIMS 9	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials			

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TITLE

AUTOTOLOGOUS PLATELET GEL DELIVERY SYSTEM

FILING FEE RECEIVED 1952	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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